

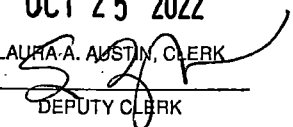
AMENDED COMPLAINT  
IN THE UNITED STATES DISTRICT COURT  
Western District of Virginia

CLERK'S OFFICE U.S. DISTRICT COURT  
AT ROANOKE, VA  
FILED

Urbanski

District Judge  
(Assigned by Clerk's Office)

OCT 25 2022

LAURA A. AUSTIN, CLERK  
BY:   
DEPUTY CLERK

Hoppe

Mag. Referral Judge  
(Assigned by Clerk's Office)

CIVIL ACTION NO. 7:22cv00554

(Assigned by Clerk's Office)

For use by Inmates filing a Complaint under

**CIVIL RIGHTS ACT, 42 U.S.C. §1983 or BIVENS v. SIX UNKNOWN NAMED AGENTS  
OF FED. BUREAU OF NARCOTICS, 403 U.S.C. §388 (1971)**

Dean Lee Dao, Jr.

1474771

Plaintiff Name

Inmate No.

v.

Mr. Harold / Head of Nurses Pocahontas State Correctional Center  
Defendant Name & Address

Nurse Ruff / Nurse Pocahontas State Correctional Center  
Defendant Name & Address

Nurse Taber / Nurse Pocahontas State Correctional Center  
Defendant Name & Address

Dr. Lee / Doctor Pocahontas State Correctional Center  
Defendant Name & Address

Defendant Name & Address

Defendant Name & Address

**IF YOU NEED TO ADD MORE DEFENDANTS, USE A SEPARATE SHEET OF PAPER, AND PUT  
NAME AND ADDRESS FOR EACH NAMED DEFENDANT.**

**TITLE THE SECOND PAGE "CONTINUED NAMED DEFENDANTS"**

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**A. Where are you now? Name and Address of Facility:**

Pocahontas State Correctional Center

B. Where did this action take place?

Medical / Pocatento State Correctional Center

C. Have you begun an action in state or federal court dealing with the same facts involved in this complaint?

       Yes   ✓   No

If your answer to A is Yes, answer the following:

1. Court: \_\_\_\_\_

2. Case Number: \_\_\_\_\_

D. Have you filed any grievances regarding the facts of this complaint?

  ✓   Yes        No

1. If your answer is Yes, indicate the result:

  } NO result just copy of grievance

2. If your answer is No, indicate why: \_\_\_\_\_

E. Statement of Claim(s): State briefly the facts in this complaint. Describe what action(s) each defendant took in violation of your federal rights and include the relevant dates and places. **Do not give any legal arguments or cite any cases or statutes.** If necessary, you may attach additional page(s). Please write legibly.

Claim #1 – Supporting Facts – Briefly tell your story without citing cases or law:

I was cut off cold turkey from suboxone at the end of the 3rd week. I was ordered to be taper off in 5 weeks. I asked why they cut me off, all the nurses said because the doctor ordered it to be put on hold.

Claim #2 – Supporting Facts – Briefly tell your story without citing cases or law:

(Additional Supporting Facts may be placed on a separate paper titled ADDITIONAL SUPPORTING FACTS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- F. State what relief you seek from the Court. Make no legal arguments and cite no cases or statutes.

I would like reimbursement for suffering I  
went through.

- G. If this case goes to trial, do you request a trial by jury? Yes ✓ No

- H. If I am released or transferred, I understand it is my responsibility to immediately notify the court in writing of any change of address **after** I have been released or transferred or my case may be dismissed.

DATED: 10-19-22 SIGNATURE: 

VERIFICATION:

I, Dean Dao, state that I am the plaintiff in this action, and I know the content of the above complaint; that it is true of my own knowledge, except as to those matters that are stated to be based on information and belief, and as to those matters, I believe them to be true. I further state that I believe the factual assertions are sufficient to support a claim of violation of constitutional rights. Further, I verify that I am aware of the provisions set forth in 28 U.S.C. §1915 that prohibit an inmate from filing a civil action or appeal, if the prisoner has, on three or more occasions, while incarcerated brought an action or appeal in federal court that is dismissed on the grounds that it was frivolous, malicious, or failed to state a claim upon which relief may be granted, unless the prisoner is imminent danger of serious physical injury. I understand that if this complaint is dismissed on any of the above grounds, I may be prohibited from filing any future actions without the pre-payment of the filing fees. I declare under penalty of perjury the foregoing to be true and correct.

DATED: 10-19-22 SIGNATURE: 

